

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4368th Page
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1941 hour 12²⁰ minute _____ P. M.
21. I hereby certify that I attended the deceased from April
7th, 1941 to April 16, 1941
that I last saw him alive on April 15, 1941
and that death occurred on the date and hour stated above

Immediate cause of death
Coronary Heart Disease
See
sew days

Duration

Due to Pneumonia Compens
Due to One day

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As a

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (If means of injury)
23. Signature Samuel Stafford (M. D. or other) _____
Address 925 21 Jefferson Date signed 7/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME MARY LEE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Lee 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct 22 1941
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Vink Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Bentley

13. Birthplace Manchester Texas
(City, town, or county) (State or foreign country)

14. Maiden name Mary ?

15. Birthplace Manchester Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee

(b) Address 4368th Page

17. (a) burial (b) Date thereof Apr. 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk English Unit Co

18. (a) Signature of funeral director _____
(b) Address 2931 Susan ave

19. (a) APR 18 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Barleem English*
Licensed Embalmer No. *4208*
P.O. Address *2931 Lucas Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.